

APPLICATION FOR REVISED OR DUPLICATE NOTARY COMMISSION
To be used in the case of name change, change of county or when original commission is misplaced.
State Form 28801 (R3 / 6-96)
Approved by State Board of Accounts, 1989

## Please Print or Type

INSTRUCTIONS: Complete this form when appropriate and send with \$5.00 payable to Secretary of State in the form of a check or money order (do not send currency in the mail). Mail to Secretary of State, Notary Department, Room 201, State House, Indianapolis, Indiana 46204.

Original commission number		Date of expiration (month and day)	
			, 19
Name in which present commission was issued			
Name is which as it and a second size is to be instead of			
Name in which revised commission is to be issued			
County of residence of present commission			
County of residence to be on revised commission			
New residence address (street)	City		ZIP code
New home telephone number			
ignature (sign name as it will appear on revised or duplicate commission)		New business telephone number	
STATE OF INDIANA	1		
COUNTY OFCounty in which acknowledgement is being executed	<b>}</b> ss:		
Before me the undersigned, an officer authorized to take ack	nowledgements (N	lotary Public, Clerk of the Circuit Co	ourt, etc.) personally
appeared		and acknowledged the executi	on of this instrument
appearedName of person			
this day of	, 19		
IN TESTIMONY WHEREOF I		have hereunto set my h	and and official spal
IN TESTIMONY WHEREOF, IPrinted or typed in	name of officer	, nave hereumo set my n	and and omeial seal,
this day of	, 19		
Signature of Notary Public or other authorized officer	, a	Type of office	for
the County ofOfficer's county of residence	··		
Officer's county of residence			
My commission expires			